

### **Indications for Use**

The AQUABEAM Robotic System is intended for the resection and removal of prostate tissue in males suffering from lower urinary tract symptoms due to benign prostatic hyperplasia.

### **Device Description**

The AQUABEAM Robotic System is intended for use in patients suffering from lower urinary tract symptoms resulting from benign prostatic hyperplasia (BPH). The AQUABEAM Robotic System is an advanced, image-guided, surgical robotic system for use in minimally-invasive urologic surgery treating BPH. The AQUABEAM Robotic System employs a single-use disposable handpiece to deliver Aquablation therapy, which combines real-time, multidimensional imaging, personalized treatment planning, automated robotics and heat-free waterjet ablation for targeted and rapid removal of prostate tissue.

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## Hospital Outpatient Procedure with Device Coding and Device Pass-Through Payment

**Coding:** Effective, January 2020, facilities report the use of the AQUABEAM Handpiece with HCPCS code C2596 (Probe, robotic, waterjet) in addition to reporting the Aquablation procedure, 0421T, for beneficiaries enrolled in traditional Medicare, Medicare Advantage plans, and Commercial Plans.

- CMS approved a device transitional pass-through (TPT) payment for the Aquablation Handpiece (C2596) based on the clinical evidence that fulfills the substantial clinical improvement criteria over existing surgical techniques for the treatment of lower urinary tract symptoms (LUTS) due to BPH. This Medicare payment category provides a portion of the incremental cost associated with the disposable when used in the outpatient hospital or Ambulatory Surgery Center (ASC) setting.
- For facilities to be eligible for Medicare pass-through payment, a separate charge (from the procedure) must be billed for C2596. Payment is based on the device reasonable cost; invoice price may be requested. Private payer plans may vary if C2596 is accepted. The TPT payment is effective through December 31, 2022.

## Payment: Outpatient Codes and CY 2022 Medicare Unadjusted National Payments

CODE	Description	Hospital Outpatient		Ambulatory Surgery Center
		APC	Payment	Payment
<b>CPT Procedure</b>				
<b>0421T</b>	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	5376 - Level 6 Urology and Related Services	\$8,429 Status Indicator - J1	\$4,157 Payment Indicator - G2
<b>HCPCS Device</b>				
<b>C2596</b>	Probe, robotic, waterjet		Pass-Through based on reasonable cost Payment Indicator H	Pass-Through based on reasonable cost Payment Indicator J7

## Status Indicators

<b>J1</b>	Paid under OPPS; all covered Part B services on the claim are packaged with the primary “J1” service for the claim, except services with OPPS status indicator of “F”,”G”, “H”, “L” and “U”; ambulance services; diagnostic and screening mammography; rehabilitation therapy services; services assigned to a new technology APC; self-administered drugs; all preventive services; and certain Part B inpatient services; and FDA-authorized or approved drugs and biologicals (including blood products) that are authorized or approved to treat or prevent COVID-19.
<b>H</b>	Separate cost-based pass through payment; not subject to copayment in the hospital outpatient and ambulatory surgery center settings.
<b>G2</b>	Non office-based surgical procedure added in CY 2008 or later, payment based on OPPS relative weight.
<b>J7</b>	OPPS pass-through device paid separately when provided integral to a surgical procedure on ASC list; payment based on OPPS rate.

## Hospital Inpatient Procedure Coding and Medicare Payment

**Coding:** For inpatient procedures, the facility reports the ICD-10-PCS Procedure Code which describes the Aquablation procedure. Additional codes may apply for other services rendered during the episode of care; refer to the 2022 ICD-10-PCS codebook.

ICD-10-PCS Code	Description
XV508A4	Destruction, Prostate, Robotic Waterjet Ablation

**Payment:** Medicare Severity Diagnosis Related Groups MS-DRGs

MS-DRG	Description	FY 2022 Inpatient Medicare National Unadjusted Payment
713	Transurethral prostatectomy w cc/mcc	\$9,848
714	Transurethral prostatectomy w/o cc/mcc	\$6,125

## Hospital Reporting

### Revenue Code List

0270	Medical/Surgical supplies
0271	Medical/Surgical supplies: non-sterile supplies
0272	Medical/Surgical supplies: sterile supplies
0278	Medical/Surgical supplies and devices; other implants
0279	Medical/Surgical supplies: sterile supplies

### Procept Device Reference Numbers

Ref #	Description	HCPCS
HP2000	AQUABEAM Handpiece	C2596

## Physician Coding and Payment

CPT Code	Description	Physician
0421T	Transurethral waterjet ablation of prostate, including control of post-operative bleeding, including ultrasound guidance, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included when performed)	Contractor priced (Medicare)

- National relative values are not established for code 0421T
- Medicare Administrative Contractors (MACs) establish payment
- Private insurers establish payment

## ICD-10-CM Diagnosis Codes

Refer to the 2022 ICD-10-CM Codebook to select the complete, specific codes and other possible applicable diagnosis codes.

ICD-10-CM Diagnosis Code	
N40.1	Benign prostatic hyperplasia

### Sources

- AMA Current Procedural Terminology (CPT) Manual-2022
- CY 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule (CMS-1753-FC)
- CY 2022 Medicare Hospital Outpatient Prospective Payment System (CMS-1753-FC) Addendum B, Addendum A
- CMS 1752-F Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year (FY) 2022 Rates.
- MS-DRG Codebook- FY 2022 IPPS Final Rule Impact File 10.01.2022
- IPPS FY 2022 Final Rule Preliminary Data, Table 1A-E, Table 5
- ICD-10-CM Codebook- 2022
- ICD-10-PCS Codebook- 2022

## ABOUT ARC

The Aquablation Reimbursement Center (ARC) is a reimbursement support service program for physicians and providers who perform Aquablation procedures. ARC reimbursement services include:

- Eligibility & Benefit Verification
- Prior-authorization
- Pre-determination
- Pre-certification
- Pre-service appeals
- Post-service appeals
- Post payment review

All e-mail and voice messages will be returned within one business day.

## ARC CONTACT INFORMATION

**Hours:** Monday - Friday, 10am - 5pm CT

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